

EMPLOYEE INFORMATION RESOURCE ACCESS AUTHORIZATION

Address: _____ **Telephone Number:** _____

☐ No Information Resource Access

☐ Information Technology Resources: ☐ Desktop Computer ☐ Laptop Computer/Portable Device
 ☐ E-Mail ☐ Internet ☐ State WAN/LAN ☐ File Servers ☐ Remote Access _____
 ☐ Tools (*specify*) _____

☐ MIS Access: ☐ ACES ☐ E-CHART ☐ EIS ☐ ImmPACT ☐ MACWIS ☐ MAPSIS ☐ MECAPS
 ☐ MECARE ☐ MECMS ☐ MEPOPS ☐ MFASIS ☐ MMDSS ☐ Other _____

DHHS Commissioner/Reg. Director/ Superintendent/Designee (Print name)	Date	DHHS Commissioner/Regional Director/ Superintendent/Designee (Signature)
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Signature _____ Date _____